Common Pathology and Laboratory Services

The Pathology and Laboratory section codes cover only the laboratory tests. The collection of the specimen is reported separately from the analysis of the test.

**Example**

A technician in a physician's clinic lab draws blood from the patient's arm by venipuncture and the blood is analyzed in the lab. You would need to provide two codes: one for venipuncture and the other for the type of test performed on the blood from the Pathology and Laboratory section.

**Indicators** are built-in for laboratories that will allow them to perform additional tests without a specific written order from the physician. The facility implements standards, according to which when certain tests are positive they can go ahead with additional related tests to get more information on the patient's condition.
### Guidelines for Using the Pathology and Laboratory Codes

Let’s review the guidelines for the subsections of the Pathology and Laboratory section.

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| Organ or Disease-Oriented Panels | - Do not assign a panel code unless every test in the panel description was performed. If even one test in a panel is not performed, code each test separately.  
  - Do not use modifier -52 with a panel to report reduced service.  
  - When coding multiple panels that might include the same tests, ensure that no two panels done for a patient on a particular day contains the same test.  
  - All additional tests need to be coded separately. |
| Drug Testing                      | - Each drug test needs to be listed separately.  
  - If a qualitative test detects the presence of two drugs and confirmation tests are done for both drugs, report the confirmation test code (80102) twice and add the -91 modifier to the second code to report a repeat diagnostic lab test. |
| Therapeutic Drug Assays           | - Codes are listed by drug. If the drug is not listed, check under the method such as immunoassay or radioassay.  
  - Remember that the drugs are listed by their generic names, not their brand names.  
  - In the Index, look under Drug or Drug Assay. |
| Evocative/Suppression Testing     | - For each code in this subsection, there is a note below the code description that lists the services that must have been provided for the code to be used. Be sure to read the notes carefully.  
  - When reporting codes related to evocative/suppression testing, note the following:  
    - If the physician supplied the agent, code the supply using 99070 from the Medicine section or a HCPCS code.  
    - If the physician administered the agent, code the infusion or injection with codes 96365-96379 from the Medicine section.  
    - If the test involved prolonged attendance by the physician, report the service using the appropriate E/M code. |
<p>| Consultations                     | - Identify whether the clinical pathologist’s consultation is a limited one or a comprehensive consultation. In a limited consultation (coded as 80500), the pathologist does not review the patient’s health record, whereas in a comprehensive consultation (coded as 80502), the pathologist reviews the patient’s health record. |</p>
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<td>Medical Coding</td>
<td>Note that the Surgical Pathology subsection too contains consultation codes for a pathologist’s review of the tissues during or after surgery.</td>
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<td>Urinalysis and Chemistry</td>
<td>To code correctly from these sections, identify the specific tests done, whether the test was automated or manual, number of tests performed, combination codes for similar types of tests, whether the results are qualitative or quantitative, and testing method.</td>
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<td>Molecular Pathology</td>
<td>These codes are divided into Tier 1 and Tier 2. Tier 1 codes include the codes for the more common tests. Tier 2 codes, or the codes for the less common tests, are arranged by the level of technical resources and interpretive work by the physician or other qualified health professional.</td>
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| Hematology and Coagulation      | - These codes are usually determined by the method used to perform the test.  
- To code a blood count test, which is the most common test in this section, identify both the method and type of blood count. For example, the method could be manual or automatic, while the type could be white blood count or a complete blood count.  
- Most of the tests in this section can be found in the Index under the name of the test, such as Hemogram, Prothrombin time, Coagulation time, Complete Blood Count (CBC) etc. |
| Transfusion Medicine            | - Coding for tests performed on blood or blood products often include codes from different locations.  
- For example, for a blood transfusion, assign the code 36430 from the Surgery section for the actual transfusion, a HCPCs code for the substance transfused, and the code 86890 from the Transfusion Medicine subsection for the collection and processing. |
| Microbiology                    | - This subsection includes culture codes which report tests to determine the presence of an organism, identify specific organisms, or indicate additional sensitivity testing.  
- All tests are coded based on whether they are quantitative or qualitative and/or a sensitivity study. |
| Anatomic Pathology              | Codes are organized based on the extent of the examination. Report codes based on whether the examination is gross, microscopic, or limited.                                                                |
| Surgical Pathology              | To use the codes in this section, determine the source of the specimen and the reason for the surgical procedure.                                                                                  |
What is a specimen? It is a tissue submitted for examination by a pathologist or other professional.

- If two specimens are submitted from the same area, code the examination of both.
- For example, if two anus tags are submitted for the same patient and both are examined, you need to code it as 88304 X 2.